Emergency Communications Ham Operators_Jackson Hole

Name:		Call Sign:	
Mailing Address:			
Town:	Zip Code:		
Physical Home Addre	ess:		
Physical Work Addre	ess:		
Email Address:			
Home Phone:	Work Phone:	Cell Phone:	
License Class:	If Tech, willing to upgr	If Tech, willing to upgrade: ☐ Yes ☐ No	
band coverage; what station setup, what m power, amplifiers, an	model mobiles, band coverage, p nodel radios, band coverage, p ything else that would be usef	ow many handhelds and what models, age, power out, type of antenna; base ower out, type of antenna. Emergency and related.	
	h setting up or operating your	equipment and would like someone to	
		unication group; this includes actively event of an actual emergency.	
Signed:		Date:	